


EXHIBIT 4

The Steamship Authority

**REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)**



☒ PASSENGER/PATRON ☐ VESSEL EMPLOYEES (JONES Act)

☐ VESSEL ☐ PARKING LOT ☐ TERMINAL AREA ☐ OTHER (Explain Below)

NAME: L. [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: L. [REDACTED] STATE: [REDACTED] PHONE #: [REDACTED]

Date of Birth: [REDACTED] 50 Marital Status: [REDACTED] SSA Occupation: [REDACTED]

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)

Name: [REDACTED] Address: [REDACTED]

INJURY INFORMATION

DATE OF INJURY: MAY 2, 2017 TIME: 10:10 AM PM

VESEL: M/V WOODS HOLE Trip # [REDACTED] LOCATION: [REDACTED]

Other: [REDACTED]

Describe how injury occurred:
WHILE ON TAIL OUTSIDE, WEATHER DOOR (PART STBD Q MIDSHEEPS) WENT CAUGHT DOOR, CLOSED ON HER LEFT HAND.

Witness, if any: [REDACTED] Reported to: [REDACTED] Date: [REDACTED]

Describe injuries, if any:
SWELLING / BRUISING, SHALLOW CUT

Was ambulance called? YES. If YES, was injured party transported to hospital? NO If YES, hospital name & address:
EMT's responded, injured refused care

Did injured party make a statement as to cause of accident. If YES what statement and to whom?
YES, DOOR SLAMMED HAND, ROBERT MC AULIFFE (CREW)

CREW MEMBER/EMPLOYEE:

Did the employee return to work? [REDACTED] If YES - When [REDACTED]

Additional remarks:
ICE PACK GIVEN, WOUND CLEANED & BAND-AIDED

Prepared by SSA personnel: ELKE FEJUSSEN Position: Pilot Date: 5/2/17

If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: [Signature] Position: Captain Date: 5/2/17

Ray Oliver

ROUTING: White & Yellow - To Personnel Department
Personnel will send Yellow to Insurance Company

*The Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: <u>GRANDSON</u> <u>DOB 5/1/3</u>	
MAILING ADDRESS: <u></u>	
CITY: <u></u> STATE: <u></u> ZIP: <u></u> PHONE # <u></u>	
Date of Birth: <u>5/1</u> Marital Status: <u></u> SSA Occupation: <u></u>	
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)	
Name: <u></u>	Address: <u></u>

INJURY INFORMATION

DATE OF INJURY: <u>6/23/17</u>	TIME: <u>1808</u> AM/PM
VESEL: MV <u>MV</u> Trip # <u></u> Terminal: <u></u> Parking Lot: <u></u> Bus # <u></u>	LOCATION: <u></u>
Other: <u></u>	
Describe how injury occurred: <u>HAND WAS CAUGHT IN THE PORT SIDE 0-2 LEVEL DOOR LEADING TO THE OUTSIDE WEATHER NECK WHILE ENTERING FROM OUTSIDE.</u>	
Witness, if any: <u></u>	Reported to: <u></u> Date: <u></u>
Describe injuries, if any: <u>RIGHT HAND 4 FINGERS CUT. FIRST AID RENDERED BY B. LOPES (PURSELL)</u>	
Was ambulance called? <u></u> If YES, was injured party transported to hospital? <u></u> If YES, hospital name & address: <u>Falmouth Hospital</u>	
Did injured party make a statement as to cause of accident, if YES, what statement and to whom? <u>B. LOPES (PURSELL)</u>	
CREW MEMBER/EMPLOYEE:	
Did the employee return to work? <u></u> If YES - When <u></u>	
Additional remarks: <u></u>	
Injured Seaman must sign here: <u></u> Date: <u></u>	
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.	
Signature: <u>Arthur Frostholm</u>	Position: <u>Pilot</u> Date: <u>6/23/17</u>

REVISED 8-2005

ROUTING: White - Human Resources Office
Canary - Injured Party
Pink - Preparer

SSA 805

2

*The Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/>	PASSENGER/PATRON	<input type="checkbox"/>		VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/>	VESSEL	PARKING LOT	TERMINAL AREA	OTHER (Explain Below)
NAME: <u>Father;</u>				
MAILING ADDRESS: <u></u>				
CITY: <u></u> STATE: <u></u> ZIP: <u></u> PHONE #: <u></u>				
Date of Birth: <u></u> Marital Status: <u>M</u> SSA Occupation: <u>N/A</u>				
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)				
Name: <u>Father</u> Address: <u>Same</u>				
I N J U R Y I N F O R M A T I O N	DATE OF INJURY: <u>8/6/17</u>		TIME: <u>6:58</u> AM/PM <u>PM</u>	
	VESSEL M/V <u>Eagle</u>		LOCATION: <u></u>	
	Trip # <u></u> Terminal <u></u>		Parking Lot: <u></u> Bus # <u></u>	
	Other <u>@ Port fwd door of deck # 0-1-14</u>			
	Describe how injury occurred <u>Closed door on finger. Finger caught in door.</u>			
	Witness, if any: <u>Father there. Reported to: Purser</u> Date: <u>8/6/17</u>			
	Describe injuries, if any: <u>Tip of ring finger laceration, right hand.</u>			
	Was ambulance called? <u>NO</u> If YES, was injured party transported to hospital? <u></u> If YES, hospital name & address <u></u>			
	Did injured party make a statement as to cause of accident? If YES, what statement and to whom? <u></u>			
	CREW MEMBER/EMPLOYEE:			
Did the employee return to work? <u>N/A</u> If YES - When <u></u>				
Additional remarks: <u>Dr. in attendance; [illegible]</u>				
Prepared by SSA personnel: <u>D. Ross</u> Position <u>Purser</u> Date: <u>8/6/17</u>				
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.				
Signature <u>L.V. Worthington</u> Position <u>Captain</u> Date: <u>8/6/17</u>				

*Lawrence
Worthington*

ROUTING: White & Yellow To Personnel Department
Personnel will send Yellow to Insurance Company
Pink - Inmate - Civil Division